

Northeastern Rural Health Clinics is located in rural Lassen County in northeastern California. Since 1977, we have been providing health care services to our communities, and currently serve over 15,000 patients. For the past several years, we have received reduced rates for a T-1 line which connects us to other sites in order to provide telemedicine services. Since we are 85 miles from Reno Nevada, and 110 miles from Redding, California, access to tertiary care and specialty care is quite difficult, and can be impossible in winter months over snowy passes. The importance of accessing care while remaining in the local community cannot be overstated.

Because of the huge disparity in county configurations across the United States, national rural definitions have never worked for California. We have geographically large counties, challenging geography, including hundreds of miles to basic primary care, snow and ice in winter, and lack of providers. County lines mean little when contiguous areas provide no services. Our own county is 4,500 square miles, with a population of 33,000. It is normal for residents to drive over 50 miles for basic primary care, goods and services.

We feel the FCC should be flexible and allow for state definitions, such as our Medical Service Study Area process in California. MSSAs are determined by examining the population of the area, the availability of care, and the isolation of the area. This process has proven to be the most reasonable way to define rural in a state with such extremes of rural and urban.

If the FCC won't allow state definitions, they should allow rural sites to use any available federal definition, and allow for an appeal process when determinations are made. Over and above this, they should grandfather existing sites that would otherwise lose their funding.

In our opinion, creating narrow definitions does not expand access to this program, which is a key policy goal of the FCC.